Results: Based on focus groups' outputs, holistic policies for managing the emerging threat were created and approved by the national/regional authorities. Analysis of pre-post perceptions of focus groups' participants showed an increase in numerous elements including perceived proficiency (3.71 ± 0.67 vs 4.60 ± 0.53, respectively; $P < .001$), and trust in colleagues' competencies in emergency response (3.56 ± 0.75 vs 4.37 ± 0.61, respectively; $P < .001$). Correlations were found between perceived individual preparedness and systemic readiness (rho = .410; $P < .001$) and proficiency in risk assessment (rho = .630; $P < .001$).
Conclusion: Participation in focus groups facilitated design of policies for emerging threats and contributed to increasing perceived individual preparedness and empowerment. It is recommended to include operators and managers of health care entities in the process of policy making, in order to improve capacity-building and strengthen readiness to manage expected and unexpected emergencies.

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Developing a Minimum Summary Sheet for Sudden Onset Disasters: The UK, EMT Approach

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Study/Objective: The WHO has, for some time, been working to standardize and professionals in the humanitarian field. One branch of this work has been to develop a minimum data set for daily reporting of Emergency Medical Team (EMT) activity during Sudden Onset Disasters (SODs). This minimum data set is under final development following expert stakeholder consultation in Tokyo and Jerusalem during 2016.
Background: The UK EMT have developed a minimum summary sheet for each patient seen in field hospitals during SODs. This sheet has been designed with the most recent updates, from the WHO stakeholder consultation in mind. As representatives of the UK EMT were able to contribute to the consultation, they were able to collaborate and understand other teams' approaches to patient records. This international level idea-sharing has allowed the UK EMT to develop a record, combining paper and electronic formats in a way similar to the CMAT and B-FAST approach. The record has been further developed to exist simultaneously (both integrated and standalone) in paper and electronic format, in order to match the technology available in the field at any one time.
Methods: Once finalized and aligned with the final WHO minimum data set output, this summary sheet will be field tested.
Results: Modifications will be made to ensure it collects patient data accurately and efficiently, with the primary aim of providing patients with a useful care summary, and a secondary aim of collecting much needed field data in order to continually improve practice.
Conclusion: The results of this field testing will be the subject of future work.

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Development of a Secure and Resilient IT System to Deliver an Electronic Patient Record System for Use in a Disaster

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Study/Objective: Electronic patient records are in widespread use in high-income countries. The factors that make electronic records useful in everyday practice are magnified in a disaster response, particularly the ability to:

- minimize poor/absent data due to paper management and handwriting;
- identify patients consistently eg, using barcodes;
- take pictures/video;
- automate workflow – "if patient has low O2 saturations, a Chest X-ray is ordered;"
- share information in real-time enabling pro-active rather than reactive management;
- ensure consistent data capture, enabling meaningful analysis; and
- automate reporting, minimizing burden on front-line staff.

Background: The situations in which the IT will be used, throw up a formidable group of challenges to the designers and users of IT; the design brief included the following:

- data security certified to ISO 27001 standard;
- need to be able to operate "off-line" – wireless data transmission is notoriously unreliable; and
- ability to reconfigure data collection in-country without local support.

Methods: • Resilience

- the isolated nature of disaster medicine means that any IT system must be highly resilient eg, automatically "self-healing." This includes being able to deal with foreseeable problems including:
- failure of any single point ("failover"); and
- recovery ("failback").

With no human intervention and no loss of service (see diagram in Conclusion).
Results:

- Ability to integrate with medical devices and certification to ISO 13485 standard.
- Information governance issues – all patient identifiable data must stay in-country.
- Ability to integrate paper use prior to electronic system activation.
- Power needs of servers and clients.